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**TRANSMITTAL  
FORM**

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Total Number of Pages in This Submission

Application Number	10/660,366
Filing Date	September 11, 2003
First Named Inventor	Lurie, Keith
Art Unit	3743
Examiner Name	Andrea M. Ragonese

Attorney Docket Number 016354-005400US

**ENCLOSURES (Check all that apply)**

- |  |   |   |
|--|---|---|
| <input checked="" type="checkbox"/> Fee Transmittal Form                     | <input type="checkbox"/> Drawing(s)   | <input type="checkbox"/> After Allowance Communication to Technology Center (TC)        |
| <input type="checkbox"/> Fee Attached  | <input type="checkbox"/> Licensing-related Papers                                       | <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences     |
| <input checked="" type="checkbox"/> Response to Restriction Requirement      | <input type="checkbox"/> Petition   | <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) |
| <input type="checkbox"/> After Final   | <input type="checkbox"/> Petition to Convert to a Provisional Application               | <input type="checkbox"/> Proprietary Information  |
| <input type="checkbox"/> Affidavits/declaration(s)                           | <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address | <input type="checkbox"/> Status Letter  |
| <input checked="" type="checkbox"/> Extension of Time Request                | <input type="checkbox"/> Terminal Disclaimer  | <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):         |
| <input type="checkbox"/> Express Abandonment Request                         | <input type="checkbox"/> Request for Refund   | <input type="checkbox"/> Return Postcard  |
| <input type="checkbox"/> Information Disclosure Statement                    | <input type="checkbox"/> CD, Number of CD(s)  |   |
| <input type="checkbox"/> Certified Copy of Priority Document(s)              |   |   |
| <input type="checkbox"/> Response to Missing Parts/Incomplete Application    |   |   |
| <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 |   |   |

Remarks The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430.

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm or Individual name	Townsend and Townsend and Crew LLP	Reg. No. 38,464
Signature		
Date	August 16, 2004	

**CERTIFICATE OF TRANSMISSION/MAILING**

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

Typed or printed name Connie Larson

Signature

Date August 16, 2004

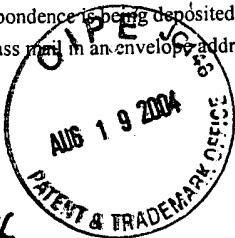
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P.O. Box 1450  
Alexandria, VA 22313-1450

On Aug 16, 2004

TOWNSEND and TOWNSEND and CREW LLP

By: Connie Lurie



**PATENT**  
Attorney Docket No. 016354-005400US

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re application of:

Keith G. Lurie

Application No.: 10/660,366

Filed: September 11, 2003

For: BAG-VALVE RESUSCITATION FOR  
TREATMENT OF HYPOTENSION, HEAD  
TRAUMA, AND CARDIAC ARREST

Art Unit: 3743

Examiner: Andrea M. Ragonese

Confirmation No. 5478

**RESPONSE TO RESTRICTION  
REQUIREMENT**

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

In response to the restriction requirement mailed July 1, 2004, Applicants hereby elect the claims of Group I, i.e., claims 1-19 and 35, and Species I-A, i.e., claims 1-17. Accordingly, please cancel claims 20-34, without prejudice. The election to the restriction requirement is made without traverse. The election of Species 1-A is made with traverse. Each of claims 1-19 and 35 relate to enhancing venous return to the heart by extracting respiratory gases from the airway to create an intrathoracic vacuum.

Respectfully submitted,

Darin J. Gibby  
Reg. No. 38,464

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